

# **Narcotics Control Assistance Grant Program Application Packet Check List**

**Have you included:**

- ☐ The completed and signed Application for Funding form?
- ☐ The Application Summary Report?
- ☐ The completed Budget forms (as applicable)?
- ☐ The Personnel Information form (if applicable)?
- ☐ The typewritten narrative in the prescribed format?
- ☐ The signed Certified Assurances form (all pages)?
- ☐ The signed Certification of Cash Match?
- ☐ The completed and signed Audit form?
- ☐ The completed Report of Expenditures and Check Payee form?
- ☐ The completed Offerer's Prior Experience form?
- ☐ The signed Confidential Funds Certification form (all pages-MJDTF only)?
- ☐ MOA for MJDTF?
- ☐ Project Agency Organizational Chart?

**Have you:**

- ☐ Double-checked your math?
- ☐ Included justification for each budget item in the narrative?
- ☐ Submitted one original and 4 copies for review?

## **APPLICATION DEADLINE**

**All Applications must be postmarked by no later than March 30, 2004 to be considered for funding.**

***Failure to submit your application by the deadline will result in the application being denied.***

**Submit the original and 4 copies (5 total) of the application to:**

**Narcotics Control Assistance Program  
Missouri Department of Public Safety  
301 W. High Street, Room 870  
PO Box 749  
Jefferson City, MO 65102**

**FAXED APPLICATIONS WILL NOT BE ACCEPTED!**